

**WHAT EVERY PARENT SHOULD KNOW  
ABOUT ESTABLISHING PATERNITY**



ARIZONA DEPARTMENT OF ECONOMIC SECURITY



# **Hospital Paternity Program**

**Fathers Acknowledging Their Children.**

**Arizona Department of Economic Security  
Division of Child Support Services (DCSS)  
Hospital Paternity Program  
P.O. Box 40458  
Phoenix, AZ 85067**

**1-800-485-6908**

**DCSS Customer Service  
(602) 252-4045**

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact (602) 252-4045; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.



**DEPARTMENT OF ECONOMIC SECURITY**  
*Your Partner For A Stronger Arizona*

CSE-1043APAMNA (5-14)

# Paternity Overview

## What is paternity?

Paternity means fatherhood.

If the parents of a child are not married at the time a child is born, paternity must be established before a man is considered to be the legal father.

## Why is establishing paternity important?

Both parents and the child have the right to a parent-child relationship and deserve an opportunity to develop, enjoy and grow in this relationship.

**Identity.** It is important to know who we are. Your child has the right to a sense of belonging that comes from knowing both parents. A father's name will not be placed on a child's birth certificate until paternity has been established.

**Money.** The law requires both parents to support their children. A child supported by one parent often does not have enough money to meet their needs.

**Benefits.** Your child has the right to other benefits from both parents. These may include social security, insurance benefits, inheritance rights, veterans' and other types of benefits.

**Medical.** Your child may need a complete medical history from the families of both parents. This may include inherited health problems.

Both parents have a responsibility to support their child.

## How is legal paternity established?

- If the mother is married to the child's father when the child is born, her husband is considered by law to be the father, unless otherwise ordered by a court.

- If the mother has been divorced or widowed for less than ten months when the child is born, her husband is considered by law to be the father, unless otherwise ordered by a court.
- If a mother is married at the time of birth, but her husband is not the biological father of the child, a waiver of parentage must be signed by her husband unless a court has determined that the husband is not the biological father.
- If the mother is not married at the time of birth, paternity may be established by both parents signing an Acknowledgment of Paternity (CS-127) in the presence of a notary or witness. (*The Acknowledgment is available from the Division of Child Support Services (DCSS) Hospital Paternity Program.*)
- If the mother is not married at the time of birth, a judge can declare a man the legal father of a child after judicial proceedings.
- If the mother is not married at the time of birth, the mother, alleged father and child may request genetic testing. If the test results establish the likelihood that the alleged father is the biological father, the test results may be entered in the court and legal paternity established.

## **Who can acknowledge paternity?**

Mothers and fathers can establish paternity. All parents will need to show picture identification when acknowledging paternity. It is advisable to have parent's authorization for minor parents.

## **How does the paternity acknowledgment process work?**

Upon the birth of a child to an unmarried woman, an agent of the hospital or birthing center will provide the newborn's mother and father with an opportunity to complete an Acknowledgment of Paternity (CS-127). If the parents are having difficulty completing the form they may ask staff from the Hospital Paternity Program or the hospital staff for assistance. The acknowledgment must be completed in blue or black ink. The acknowledgment must be signed by both parents. The parent's signatures must be witnessed or notarized. The form is a legal document. Therefore, it must be error free.

If parents are having difficulty completing the form they may ask the hospital staff to complete the information for them. Parents can then verify the information to assure that it is correct prior to signing the form in front of a witness or Notary Public.

The acknowledgment contains a signed, notarized or witnessed statement by the birth mother stating who the father is, and a signed, notarized or witnessed statement by the birth father acknowledging that he is the father. The father also acknowledges and accepts the rights and responsibilities to support the child. **THE SOCIAL SECURITY NUMBER OF EACH PARENT MUST BE INCLUDED ON THE ACKNOWLEDGMENT. THE FATHER'S ADDRESS MUST BE INCLUDED ON THE ACKNOWLEDGMENT.**

**By voluntarily acknowledging paternity the parents are giving up their right to have a genetic test to determine paternity. They are also giving up their right to have paternity decided by the Superior Court. However, they do retain any rights they may have to challenge the Acknowledgment of Paternity (CS-127) as outlined in A.R.S. §§ 25-812 and A.R.S. §§ 36-323. Parents also understand that they will have a duty to support their child as well as other duties imposed by Arizona law. This may include providing medical insurance for the child.**

Once the Acknowledgment of Paternity has been completed it should be returned to the hospital staff. The hospital staff will complete the child's birth certificate. The birth certificate will then be filed by the hospital with the appropriate Vital Records office. The Acknowledgment of Paternity will be forwarded to the Hospital Paternity Program. The Hospital Paternity Program will review and validate the completed Acknowledgment of Paternity form. At that time, they will notify the Office of Vital Records that legal paternity has been established. The father's name will appear on the birth certificate once legal paternity has been established. Parents may then request a copy of the child's birth certificate from the Office of Vital Records.

**It is illegal to provide false information on a child's birth certificate.**

Parents who do not complete the Acknowledgment of Paternity at the hospital may mail the completed form to the Hospital Paternity Program for processing. Parents are warned that delaying the completion of the acknowledgment may cause a delay in receiving a birth certificate.

Mothers who are not receiving Temporary Assistance to Needy Families (TANF, formerly AFDC) will not receive child support services from the DCSS unless they complete an application with DCSS.

*NOTE: The Attorney General's Office, Child Support Services Section, only represents the State of Arizona in the provision of child support services, and does not represent other parties to an action.*

*The interest of the State, the child for whom support is sought, and the child's parents are not necessarily the same and may sometimes conflict.*

*Legal advice and/or representation must be obtained from an independent attorney.*

*Any information disclosed by a parent, whether or not it relates to the support action, may not be confidential and may be used by the State for any purpose.*

## **Commonly Asked Questions**

### **What rights does establishing paternity give the father?**

Establishing paternity creates a legal relationship between a father and a child. This relationship may be a legal basis for establishing certain rights for the father. Establishing paternity creates a right to visitation and custody issues that the father can pursue through court. Establishing paternity **DOES NOT** automatically give a father these rights.

### **Can the father visit the child because he pays child support?**

Visitation, custody and child support are separate issues. Once paternity is established, the father may seek visitation rights through the court.

### **Can the father ask for custody of the child?**

Either parent may ask the court to review the custody arrangements at any time after paternity is established. Courts do not change the custody unless there is proof it is in the best interest of the child. The court may also consider joint custody.

### **Do we need to establish paternity now if we are getting along and the father is helping support the child?**

Yes. Even if the father agrees to help support the child now, he may change his mind, become disabled or even die. In addition, regardless of the father's willingness to support the child, some benefits are available only if paternity has been established.

### **Do we need to establish paternity if we are going to get married soon?**

Yes. If the parents of a child are not married when the child is born, paternity remains an issue, even if the parents later marry.

## **I am the mother and I am going to marry someone else and he is going to adopt my child, so why establish paternity?**

Your child is entitled to support until the adoption is final. The biological father may have filed with the Putative Father Registry. The biological father, if known, has to establish paternity so that he can terminate his parental rights to avoid any legal issues with adoption in the future.

## **Can the acknowledgment process be used to establish paternity for my other children?**

Yes. If you have other children that require paternity establishment you may contact the hospital staff or the Hospital Paternity Program office for additional Acknowledgment of Paternity forms (CS-127).

## **When is paternity genetic testing necessary?**

When the alleged father questions or denies paternity.

## **What does genetic testing show?**

Genetic testing shows either the alleged father is included as the father through DNA or he is excluded as the possible father. Genetic testing is very accurate.

## **How is genetic testing done?**

A tissue sample is collected from the alleged father, the mother and the child. The child's DNA is compared to the mother's and the alleged father's DNA. A contracted laboratory provides the testing and returns the results in 3-6 weeks.

If you have a child support case or are requesting state IV-D services, your local child support office will assist you in obtaining genetic testing. DCSS uses an accredited genetic testing facility to ensure that the paternity test is performed accurately. The laboratory follows a strict chain-of-custody which allows for court/legal admissibility. Therefore, DCSS does not accept genetic test results from any other laboratories outside of DCSS.

## **Who pays for the genetic testing?**

DCSS advances the cost will advance the fees for the genetic testing. However, if the alleged father is found to be the child's biological father, he will be responsible for reimbursing the DCSS for the tests.

## **Does the mother of the child have to name the child's father and establish paternity?**

If a mother is receiving state assistance (TANF, AHCCCS, etc.) she has agreed to cooperate with the DCSS in the establishment of paternity for her child as a condition of receiving assistance. If the mother fails to cooperate with DCSS in establishing paternity or a child support order her assistance will be reduced or terminated.

If a mother is not receiving state assistance the matter of establishing paternity is her responsibility. It is her decision to pursue paternity & child support from the biological father.

## **Filing the Acknowledgment of Paternity**

**If you are completing this form at the hospital.** Staff will either read the form to you or request that you view a video on paternity establishment prior to completing the Acknowledgment. You may also contact the Hospital Paternity Program to hear an important recorded message outlining the rights and responsibilities associated with paternity establishment.

Give the completed Acknowledgment of Paternity form to the hospital staff. This will assure that the birth certificate you request will have the father's name on it and the child will have legal paternity established in a timely manner. The birth certificate and the completed acknowledgment will be forwarded to the appropriate Hospital Paternity Program and Vital Records offices. Follow the instructions given to you by hospital staff for ordering the birth certificate.

Once the Acknowledgment has been filed with, and accepted by, the DES Hospital Paternity Program, or Department of Health Services, Office of Vital Records, legal paternity will be established. Remember, completing the Acknowledgment of Paternity at the hospital will save you time and money.

**Parents MUST bring valid identification to the hospital when the child is born if they want to have the father's name placed on the child's birth certificate.**

**If you are completing the Acknowledgment of Paternity away from the hospital you may return it to the Hospital Paternity Program, at:**

Hospital Paternity Program  
PO Box 40458  
Phoenix, AZ 85067

**If you are requesting a birth certificate** send the entire form along with your Application for Certified Copy of a Birth Certificate and the required birth certificate fee to:

Arizona Dept. of Health Services  
Office of Vital Records  
P.O. Box 3887  
Phoenix, AZ 85030-3887

Please visit the Office of Vital Records website at [www.azdhs.gov](http://www.azdhs.gov) for a list of fees and Application for a Certified Copy of a Birth Certificate, or you may contact the office of Vital Records at (602) 364-1300 or 1-888-816-5907.

# **Rescission of the Acknowledgment of Paternity**

When an Acknowledgment of Paternity is filed with the Department of Health Services, Department of Economic Security or the Clerk of the Court, either parent may rescind the paternity acknowledgment by filing an Affidavit of Paternity Rescission (CS-258) with the Department of Health Services within 60 days after the last signature is affixed to the notarized or witnessed Acknowledgment of Paternity or the date of a proceeding relating to the child, including a child support proceeding in which the mother or father is a party, whichever is earlier.

Parents who wish to challenge paternity after the 60-day time period must file with the court pursuant to A.R.S. § 25-812.

Once a Rescission has been used, the parents cannot subsequently complete another Acknowledgment of Paternity for the same child. Paternity will need to be established through the court, or DNA testing.

The Affidavit of Paternity Rescission is available to either parent. After the affidavit is filed with the Department of Health Services a copy will be mailed to the other party. The child's birth certificate will be amended by removing the father's name. The father will no longer be the child's legal father and will have no rights to the child. Filing the affidavit does not alter the obligation to pay support or any other amount previously ordered to be paid by the court.

To request an Affidavit of Paternity Rescission contact:

The Division of Child Support Services  
Customer Service Unit  
(602) 252-4045

*or*

Hospital Paternity Program  
1-800-485-6908

# **Requesting IV-D Child Support Services or Genetic Testing**

If the mother or father does not have the cooperation of the other parent at the time of the child's birth and would like to request IV-D child support services she/he may complete and sign the Application for IV-D Services/Genetic Testing Agreement (CS-124). Instructions for completing the application for services are on page two of the form. The application should be given to hospital staff when the mother is asked about the birth certificate. The application may be mailed to:

Division of Child Support Services  
Hospital Paternity Program  
P.O. Box 40458  
Phoenix, AZ 85067

The appropriate child support office will provide you with additional forms and service information.

If the mother and alleged father are unsure who is the child's biological father, they may request genetic testing. If you have any questions please contact your attorney or local child support services office.

**If the mother and alleged father intend to have genetic testing or are unsure about establishing paternity DO NOT complete the Acknowledgment of Paternity form (CS-127).**

The mother and alleged father may seek testing from a laboratory that does genetic tests. Most laboratories require a fee to be paid prior to testing. The Division of Child Support Services (DCSS) will arrange for genetic testing through its contracting laboratory. If the alleged father is found to be the biological father, he must reimburse the State for the cost of the genetic test.

To request genetic testing through DCSS the mother and/or the alleged father must complete the Application for IV-D Services/Genetic Testing Agreement (CS-124). Instructions for completing the application for services are on page two of the form. This form is available from the hospital staff or by contacting:

Division of Child Support Services  
Customer Service Unit  
(602) 252-4045  
*or*

Hospital Paternity Program  
1-800-485-6908

The form (CS-124) must be signed by the applicant and can be given to hospital staff prior to the mother's discharge from the hospital or mailed to:

Division of Child Support Services  
Hospital Paternity Program  
P.O. Box 40458  
Phoenix, AZ 85067

Once the application is received by DCSS, your local child support office will contact you to schedule genetic testing. Test results are generally available within six to eight weeks after all parties (mother, alleged father, child) have had their samples taken.

# Acknowledgment of Paternity (CS-127)

*For illustration only.*

Please complete the Acknowledgment of Paternity given separately.

CS-127 (1-13)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
ACKNOWLEDGMENT OF PATERNITY

NO.

PLEASE PRINT CLEARLY. Complete in BLACK INK. DO NOT ALTER, LEGAL DOCUMENT

CHILD'S INFORMATION													
1 CHILD'S NAME (First, Middle, Last, Suffix as it appears on the birth certificate)										2 BIRTH DATE (MM/DD/YY)			
3 <input type="checkbox"/> Male <input type="checkbox"/> Female		4 PLACE OF BIRTH (City, County, State)				5 HOSPITAL							
6 <input type="checkbox"/> The mother was legally married at the time of conception and/or birth of the child. <input type="checkbox"/> A court order or decree of dissolution which rebuts paternity is attached.										7 <input type="checkbox"/> A Waiver of Paternity Affidavit completed by the present/former husband is attached.			
HOW YOU WANT THE CHILD'S NAME TO APPEAR ON THE BIRTH CERTIFICATE													
8 IF THE CHILD'S NAME HAS NOT CHANGED, PLEASE PRINT THE CHILD'S NAME AS IT APPEARS ON THE ORIGINAL BIRTH CERTIFICATE													
9 FIRST			10 MIDDLE			11 LAST			12 SUFFIX (if any)				
MOTHER'S INFORMATION													
13 FIRST NAME			14 MIDDLE NAME			15 LAST NAME			16 MAIDEN NAME			17 BIRTH DATE (MM/DD/YY)	
18 SOC. SEC. NO.			19 AREA CODE AND PHONE NO. ( )			20 PLACE OF BIRTH (City, State)			21 COUNTRY OF BIRTH				
22 ADDRESS (Street, Apt. No., City, State, ZIP)						23 EMPLOYER			24 OCCUPATION				
FATHER'S INFORMATION													
25 FIRST NAME			26 MIDDLE NAME			27 LAST NAME			28 BIRTH DATE (MM/DD/YY)				
29 SOC. SEC. NO.			30 AREA CODE AND PHONE NO. ( )			31 PLACE OF BIRTH (City, State)			32 COUNTRY OF BIRTH				
33 ADDRESS (Street, Apt. No., City, State, ZIP)						34 EMPLOYER			35 OCCUPATION				

This Acknowledgement is being signed voluntarily with no threat or harm or duress. I have received written and oral notice and have read the NOTICE OF ALTERNATIVES, THE LEGAL CONSEQUENCES AND RIGHTS AND RESPONSIBILITIES. I understand my alternatives, the legal consequences and the rights and responsibilities. I swear and affirm under penalty of perjury pursuant to A.R.S. §13-2702 that this application and any accompanying documents have been examined by me and to the best of my knowledge and belief are true and correct.

SIGNATURE OF MOTHER (Sign only in presence of Witness) \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF FATHER (Sign only in presence of Witness) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF WITNESS (TO BE COMPLETED BY THE SIGNER) ☐ HOSPITAL ☐ GOVERNMENT AGENCY ☐ OTHER \_\_\_\_\_ SIGNATURE OF WITNESS (TO BE COMPLETED BY THE SIGNER) ☐ HOSPITAL ☐ GOVERNMENT AGENCY ☐ OTHER \_\_\_\_\_

WITNESS MUST BE AT LEAST 18 YEARS OF AGE AND NOT RELATED BY BLOOD OR MARRIAGE.

PRINTED NAME OF WITNESS \_\_\_\_\_ PRINTED NAME OF WITNESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

NOTARY SECTION  
TO BE COMPLETED BY A NOTARY PUBLIC ONLY IF NOT WITNESSED ABOVE

State of Arizona, County of \_\_\_\_\_ State of Arizona, County of \_\_\_\_\_  
Subscribed and sworn to affirmed before me \_\_\_\_\_ Subscribed and sworn to affirmed before me \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
NOTARY PUBLIC \_\_\_\_\_ NOTARY PUBLIC \_\_\_\_\_

PLACE NOTARY SEAL HERE

PLACE NOTARY SEAL HERE

My Commission expires \_\_\_\_\_ [36] ☐ Check this box if form completed at the hospital. \_\_\_\_\_ My Commission expires \_\_\_\_\_ Paternity Date [37] \_\_\_\_\_

ALL COPIES OF THIS DOCUMENT MUST HAVE ORIGINAL SIGNATURES  
THIS ACKNOWLEDGMENT IS BEING SIGNED VOLUNTARILY WITH NO THREAT OR HARM OR DURESS

## Instructions for Completion of the Acknowledgment of Paternity

- 1 CHILD'S NAME** Print your child's name exactly as it appears on the birth certificate. Please put commas between the first, middle, last names and suffix. *Example: "John , Michael , Garcia Hernandez , Jr."*
- 2 BIRTHDATE** Print your child's date of birth by month, day and year. *Example: If your child was born on January 2, 2003 you would print "01/02/03."*
- 3 SEX** Please indicate whether your child is male or female. *Example: if your child is a girl, you would check the box marked "Female" or if your child is a boy, you would check the box marked "Male".*
- 4 PLACE OF BIRTH** This is the city, county (not country) and state where your child was born. *Example: If your child was born Phoenix you would print "Phoenix, Maricopa, Arizona."*
- 5 HOSPITAL** This is the name of the hospital or medical facility where your child was born. *Example: If your child was born at Maricopa Medical Center, you would write "Maricopa Medical Center." Please do not abbreviate.*

**Please check the box or boxes that apply.**

- 6 The mother was legally married at the time of conception and/or birth of the child.** Check this box if the mother was married when the child was conceived, born, or if the mother divorced less than 10 months prior to the child's birth.

**7 A Waiver of Paternity Affidavit completed by the present/former husband is attached.** Check this box if the mother was married when the child was conceived, born, or if the mother divorced less than 10 months prior to the child's birth and a waiver affidavit is attached to the Acknowledgment of Paternity.

**8 A court order or decree of dissolution which rebuts paternity is established.** Check this box if a certified copy of a finalized divorce decree is attached.

**NOTE: If the child was born within the marriage or in the 10 months following a finalized divorce, the (ex)-husband is presumed to be the father, even if he is not the biological father.**

**9 FIRST** Print your child's first name as you want it to appear on the birth certificate. The first, middle and last name can be changed from what is on the original birth certificate from birth to three months old. After three months, only the last name can be changed.

**10 MIDDLE** Print your child's middle name as you want it to appear on the birth certificate. The first, middle and last name can be changed from what is on the original birth certificate from birth to three months old. After three months, only the last name can be changed.

**11 LAST** Print your child's last name(s) as you want it to appear on the birth certificate. This name can be changed from what is on the original birth certificate from birth to eighteen years old.

**12 SUFFIX** Print your child's suffix as you want it to appear on the birth certificate. *Example: Jr. or II, or III.*

**NOTE: Once your child's birth certificate has been changed or registered, the only way to change the name is by court order.**

## MOTHER'S INFORMATION

- 13 FIRST NAME** This is the mother's legal name. This information must be given as of the time of this child's birth and not as of the present time if the parents are not completing this form at the child's time of birth. **Do not abbreviate or use nicknames.**
- 14 MIDDLE NAME** This is the mother's legal middle name. **Do not use initials, abbreviations, or nicknames.**
- 15 LAST NAME** This is the mother's legal last name.
- 16 MAIDEN NAME** This is the last name the mother used prior to being married.
- 17 BIRTHDATE** This is the mother's date of birth. Print the month, day and year in order. *Example: If the mother was born July 17, 1964 then you would print "07/17/64" on this line.*
- 18 SOC. SEC. NO.** This is the mother's Social Security Number. If she has none, write the word "None."
- 19 AREA CODE AND PHONE NO.** This is the mother's current telephone number. If the mother does not have her own phone, write "None," or a message phone number may be used.
- 20 PLACE OF BIRTH** This is the city and state where the mother was born. *Example: "Phoenix, Arizona."*
- 21 COUNTRY OF BIRTH** This is the country where the mother was born. *Example: "United States."*
- 22 ADDRESS** This is the mother's complete mailing or residential address. Include apartment number, city, state, country and ZIP code.

**23 EMPLOYER** This is the mother's present employer. Print the employer's name, city, and state. If the mother is self-employed she should print "self-employed" on the line complete with her business address. If the mother is a student she should indicate the school she attends. If the mother has multiple employers she should specify only her primary employer. If the mother is unemployed she may print "unemployed" on this line.

**24 OCCUPATION** This is what the mother does to earn a living. Even if the mother is unemployed specify what she would do if she were employed. *Example: "Administrative Assistant."*

## FATHER'S INFORMATION

**25 FIRST NAME** This is the father's legal first name. **Do not abbreviate or use nicknames.**

**26 MIDDLE NAME** This is the father's legal middle name. **Do not use initials, abbreviations or nicknames.**

**27 LAST NAME** This is the father's legal last name.

If the father's name has a suffix such as Junior or a II put the designation after his last name. *Example: "James, Thomas, Johnson, Jr."*

**28 BIRTHDATE** This is the father's date of birth. Print the month, day, and year in order. *Example: If the father was born January 14, 1965, you would print "01/14/65."*

**29 SOC. SEC. NO.** This is the father's Social Security Number. If he has none, write the word "None."

**30 AREA CODE AND PHONE NO.** This is the father's current telephone number. If the father does not have his own phone, write in "None," or a message phone number may be used.

- 31 PLACE OF BIRTH** This is the city and state where the father was born. *Example: "Phoenix, Arizona."*
- 32 COUNTRY OF BIRTH** This is the country where the father was born. *Example: "United States."*
- 33 ADDRESS** This is the father's complete mailing or residential address. Include apartment number, city, state, country and ZIP code.
- 34 EMPLOYER** This is the father's present employer. Print the employer's name, city and state. If the father is self-employed he should print "self-employed" on the line, and include his business address. If the father is a student he should indicate the school he attends. If the father has multiple employers he should specify only his primary employer. If the father is unemployed he may print "Unemployed" on this line.
- 35 OCCUPATION** This is what the father does to earn a living. Even if the father is unemployed specify what he would do if he were employed. *Example: "Electrician."*
- 36 CHECK THIS BOX if form was completed at the hospital**  
This box is to be checked by hospital staff only.
- 37 PATERNITY DATE** This box is to be completed by the Hospital Paternity Program or the Department of Health Services.

## SIGNATURES

The Acknowledgment must be signed in the presence of a Witness or Notary Public. Each parent must sign their name on all copies of the form and each signature must be witnessed or notarized. Each parent must show the Witness or Notary appropriate, valid identification. The parents should use their **legal names only**. Nicknames, shortened names, etc., SHOULD NOT be used. Your **legal name** is the one that appears on your **birth certificate** or other official documents

If both parents cannot sign the Acknowledgment at the same time, use a separate Acknowledgment. When signing separate Acknowledgments the child's information should be identical on each form. All blanks must be completed and both Acknowledgments submitted together.

If completing this Acknowledgment away from the hospital, remember to sign in the presence of a Notary Public or qualified Witness. A qualified Witness must be at least 18 years old and not related by blood or marriage. Notary Publics are listed in the telephone directory.

**RETURN ALL PAGES (excluding completion instructions) OF THE ACKNOWLEDGMENT.** Mail the entire document to:

The Hospital Paternity Program

P.O. Box 40458

Phoenix, AZ 85067

Phone: 1-800-485-6908

## **For further information**

For more information about establishing paternity or to request an Acknowledgment of Paternity form, please contact the Hospital Paternity Program office or the local child support services office in your area. Addresses and telephone numbers may be found in the Government section of your local telephone directory.